

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPUCANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11			✓			
12			✓			
13			✓			
14			✓			
15			✓			
16			✓			
17			✓			
18			✓			
19			✓			
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25			✓			
26			✓			
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49						
50						
TOTAL IND.	10					
TOTAL DEP.	✓					
TOTAL CLAIMS	62					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						